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U.S. PTO

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EXPRESS MAIL NO.: EL759669576US

JC979 U.S. PTO
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UTILITY
PATENT APPLICATION
TRANSMITTAL

2/28/02

PTO/SB/05 (03-01)

Attorney Docket No.:	CS10862	Total Pages:	2
First-Named Inventor or Application Identifier	Nelson F. Martinez		
Title:	CELLULAR COMMUNICATION HANDSETS HAVING VARIABLE APPEARANCE HOUSINGS AND METHODS THEREFOR		
Express Mail Label No.:	EL759669576US		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS (see MPEP chapter 600 concerning utility patent application contents)	ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231
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1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>in duplicate</i>		
2. <input checked="" type="checkbox"/> Specification	Total Pages	13
3. <input checked="" type="checkbox"/> Drawings	Total Sheets:	3
4. <input checked="" type="checkbox"/> Oath or Declaration with Power of Attorney	Total Pages	3
a. <input checked="" type="checkbox"/> Newly Executed (original or copy)		
b. <input type="checkbox"/> Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)		
i. <input type="checkbox"/> <u>Deletion of Inventor(s):</u> Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b))		
5. <input type="checkbox"/> Incorporation by Reference (<i>useable if Box 4b is checked</i>) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		
6. <input type="checkbox"/> Application Data sheet. See 37 CFR 1.76		
7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission		

ACCOMPANYING APPLICATION PARTS

8. <input checked="" type="checkbox"/> Assignment Papers (<i>cover sheet and document(s)</i>)	
9. <input type="checkbox"/> 37 CFR §3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
10. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)	
11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)Form PTO/SB/08	<input type="checkbox"/> 5 Copies of IDS Citations
12. <input type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (<i>should be specially itemized</i>)	
14. <input type="checkbox"/> Certified Copy of Priority Document(s)	

15. Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent

16. Other:

17. **IF A CONTINUING APPLICATION**

*check appropriate box and supply the requisite information below
and, if applicable, in a preliminary amendment:*

Continuation

Divisional

Continuation-in-
Part (CIP)

Prior Appl. No.

Prior Appl. information:

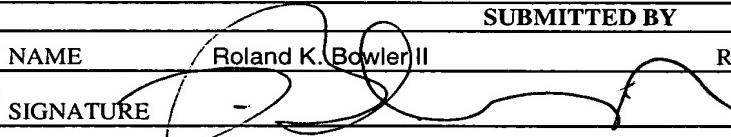
Examiner:

Group/Art Unit:

CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	20280	or	<input type="checkbox"/>	Correspondence address below
NAME	Roland K. Bowler II Attorney for Applicant(s)			
Reg. No.	33,477			
ADDRESS	Motorola, Inc. Law Department 600 North U.S. Highway 45			
CITY	Libertyville	STATE	IL	ZIP CODE
COUNTRY	U.S.A.	TELEPHONE	847-523-3978	FAX 847-523-2350

SUBMITTED BY

NAME	Roland K. Bowler II	Reg. No.	33,477
SIGNATURE			
DATE	2/28/02	Deposit Account User ID	13-4768

PTO/SB/17 (11-00)				Complete if Known																																																																																																																															
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<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number 13-4768</p> <p>Deposit Account Name Motorola, Inc.</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>				<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2520</td><td>147</td><td>2520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1840*</td><td>113</td><td>1840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td></tr> <tr><td>118</td><td>1440</td><td>218</td><td>720</td></tr> <tr><td>128</td><td>1960</td><td>228</td><td>980</td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td></tr> <tr><td>138</td><td>1510</td><td>138</td><td>1510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1280</td><td>241</td><td>640</td></tr> <tr><td>142</td><td>1280</td><td>242</td><td>640</td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td></tr> <tr><td colspan="4">Other fee (specify) _____</td></tr> </tbody> </table>				Fee	Fee	Fee	Fee	Code	(\$)	Code	(\$)	105	130	205	65	127	50	227	25	139	130	139	130	147	2520	147	2520	112	920*	112	920*	113	1840*	113	1840*	115	110	215	55	116	400	216	200	117	920	217	460	118	1440	218	720	128	1960	228	980	119	320	219	160	120	320	220	160	121	280	221	140	138	1510	138	1510	140	110	240	55	141	1280	241	640	142	1280	242	640	143	460	243	230	144	620	244	310	122	130	122	130	123	50	123	50	126	180	126	180	581	40	581	40	146	740	246	370	149	740	249	370	179	740	279	370	169	900	169	900	Other fee (specify) _____			
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Name (Print/Type)	Roland K. Bowler II			Registration No.	33,477	Telephone	847-523-3978																																																																																																																												
Signature				Mail Date	2/28/02																																																																																																																														